

# ***Sandra Swim School***

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## **Fill Out Form**

Full Name:

Age:

Experience in swimming:

Preferred Days/Times:

Medical Conditions:

Suburb:

Email Address:

Ph/Mob Number:

How did you find out about Sandra's Swimming School:

**Please fill out this form and bring it with you to your first lesson or you can email it to [sandraswimschool@me.com](mailto:sandraswimschool@me.com).**